

Hyaluronic Acid Dermal Filler brand names may include, but are not limited to: Restylane®, Juvederm®, Radiesse®, and Belotero®

*I understand I will receive **Hyaluronic Acid Dermal Filler Injections** to rejuvenate and augment my features using non-permanent, resorbable, and dissolvable soft tissue filler containing hyaluronic acid. This aesthetic treatment is intended to temporarily improve the appearance of volume loss, smooth fine lines and wrinkles. **initials:** \_\_\_\_\_*

Hyaluronic Acid Dermal Filler Injections are a safe and non-invasive aesthetic treatment primarily used to improve the appearance of fine lines, wrinkles, and volume loss by adding volume or plumpness to targeted treatment areas. Hyaluronic acid is a naturally-occurring humectant within the human body that plays an important role in tissue hydration, joint lubrication, and tissue repair. Hyaluronic acid is able to pull in and retain water resulting in temporarily improved appearance of volume loss, fine lines, and wrinkles, while also adding hydration to treatment area. Hyaluronic acid-based dermal fillers are non-permanent, resorbable, and dissolvable biocompatible versions of Hyaluronic Acid that will naturally dissolve over time and be excreted from the body.

**What To Expect:** Your treatment provider will begin by ensuring treatment areas are clean and free of make-up. Using fine needles, your provider will inject selected aesthetic filler into the soft tissue (dermal) layer of your pre-determined treatment areas. **You may experience** a slight stinging sensation while each injection is taking place. **There is no expected downtime** with dermal filler injections. **Multiple treatments may be needed** to achieve desired results depending on treatment goals and current skin condition. **Results are temporary** and maintenance treatments may be necessary to maintain desired results.

*I understand the general treatment goal is to improve the appearance of fine lines, wrinkles, and volume loss and repeated treatments may be necessary in order to achieve/maintain desired results. **initials:** \_\_\_\_\_*

**General Side Effects:** I understand there is a risk of headache, swelling, local numbness, pain at the injection site, bruising, allergic reaction, or irritation of the skin may occur.

**Infection:** Infection is extremely rare after Dermal Filler injections. Should an infection occur, additional treatment including antibiotics may be necessary.

**Bleeding/Bruising:** It is possible, though unusual, to have pinpoint bleeding from a Hyaluronic Acid Filler injection. Should you develop post-injection bleeding, it may require emergency treatment or surgery. Bruising in soft tissues may occur. Rarely, bruising can last for weeks or months and might become permanent. Patients using Aspirin, Ibuprofen, Advil, Motrin, Nuprin, Aleve, garlic, Ginkgo Biloba, Vitamin E, or blood thinners have an increased risk of bleeding or bruising at the injection site.

**Redness and Swelling:** It is common to have temporary redness and swelling following treatment. This usually subsides in a few hours, but may last for several days to a week.

**Vascular Occlusion:** On rare occasions, an inadvertent injection of filler into intra-arterial areas may occur and lead to a vascular occlusion of the treatment area. This could result in possible tissue necrosis (tissue death), ischemic stroke, and/or blindness (depending on treatment area) if left untreated. It is imperative that you report the following symptoms to your treatment provider: increasing pain, skin blanching, livedo reticularis (netlike pattern of reddish-blue skin discoloration), slow capillary refill, and/or a red-blue dusky discoloration. If vascular occlusion occurs as a result of treatment, an immediate "reversal" injection of hyaluronidase will be performed, along with warm compress, aspirin, and massage. Untreated vascular occlusion resulting in tissue necrosis, ischemic stroke, or blindness could require emergency care, reconstructive surgery, and additional treatments.

**Asymmetry:** As dermal filler injections are not an exact science, there might be an uneven appearance of the face with some areas more affected by the filler than others. In most cases this uneven appearance can be corrected by more injections in the same or nearby areas. In some cases, this uneven appearance can persist for several weeks or months.

**Allergic Reactions:** Dermal fillers should not be used in individuals with known previous history of reactions. In rare cases, local allergies to topical preparations have been reported. Allergic reactions may include hives, difficulty breathing, and swelling of the face, lips, tongue, or throat. Allergic reactions may require additional treatment.

*This list is not meant to be inclusive of all possible risks associated with Hyaluronic Acid Dermal Filler treatments, there are both known and unknown side effects associated with any medication or procedure. I have read and understand possible risks, side effects, and complications. **initials:** \_\_\_\_\_*

Alternative forms of treatment include no treatment whatsoever. Surgical intervention may include: blepharoplasty, face or brow lift. Non-surgical intervention may include: chemical peels, lasers, dermal fillers, or other aesthetic treatments. Every procedure involves a level of risk. An individual's choice to undergo a procedure is based on the comparison of the risk to the potential benefit. Although most patients do not experience adverse complications, you should discuss your concerns and potential risks with your treatment provider in order to make an informed decision. **initials:** \_\_\_\_\_

**Hyaluronic Acid Dermal Filler Treatment is not recommended for those who:**

- have active cold sores, bacterial infection, fungal infection, active acne, or rashes in treatment area
- have malignancies or suspected malignancies of the skin or had radiation/chemotherapy within the last year
- have autoimmune disease, hemophilia or bleeding disorders, scleroderma, or other inflammatory conditions
- are pregnant or breastfeeding
- have uncontrolled hypertension, hypotension, or diabetes
- have had recent facial surgery
- have a tendency to keloid scarring

*I have read and understand the contraindications to treatment and affirm that I do not have any of the aforementioned conditions and have disclosed pertinent medical history to my treatment provider. **initials:** \_\_\_\_\_*

I acknowledge that I have been informed about the risks and treatment limitations associated with Dermal Filler Injections. I accept full financial responsibility for this treatment and agree to pay the service fee in full. I understand treatment outcomes are not guaranteed and there are no refunds or account credits granted for this service in the event I am not satisfied with the treatment outcome or results.

I hereby give consent to perform Dermal Filler Injection Treatment, with all aforementioned understood by me. I hereby release the supervising MD, medical practitioner performing the Dermal Filler Injection, and Pure Aesthetica from liability associated with this procedure.

☆ **Photo documentation will be taken. I hereby DO DO NOT authorize the use of my photos for teaching purposes.**

\_\_\_\_\_  
Printed Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Medical Practitioner Name

\_\_\_\_\_  
Medical Practitioner Signature

\_\_\_\_\_  
Date